



**FOR IMMEDIATE RELEASE**

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## **Supervisor Ridley-Thomas Introduces Motion to Ensure County Clinic Funds are Fairly Distributed**

In an effort to ensure that health care funds are equitably distributed throughout Los Angeles County, the Board of Supervisors Tuesday agreed to carefully study how the County is spending new monies going to the private low cost clinics that treat hundreds of thousands of County patients.

In approving a motion by Supervisor Mark Ridley-Thomas, the board directed Chief Executive Officer Bill T. Fujioka and the director of the Department of Health Services Mitchell Katz to conduct a study on which geographic areas are not getting their fair share of new federal dollars that are intended to help the County can get ready for health reform.

In a letter to each Supervisor before Tuesday's vote Supervisor Ridley-Thomas made the case for the study, noting that in several areas of the County -- particularly South Los Angeles -- County health dollars clearly are not being equitably distributed and as a consequence there is a concomitant incidence of preventable hospitalizations. With national healthcare reform imminent and uncertainty as to how its implementation will affect County clinics, a study of existing practices is timely. The Supervisor wrote:

"The Community Partner Clinics provide cost-effective, life-saving primary care services countywide to our sick and low-income residents -- many of whom experience chronic diseases that could become life-threatening and expensive to address if not treated and controlled. Recent OSHPD data shows that many Los Angeles County residents experience avoidable hospitalization because they

cannot get adequate access to primary care services – especially in South Los Angeles.

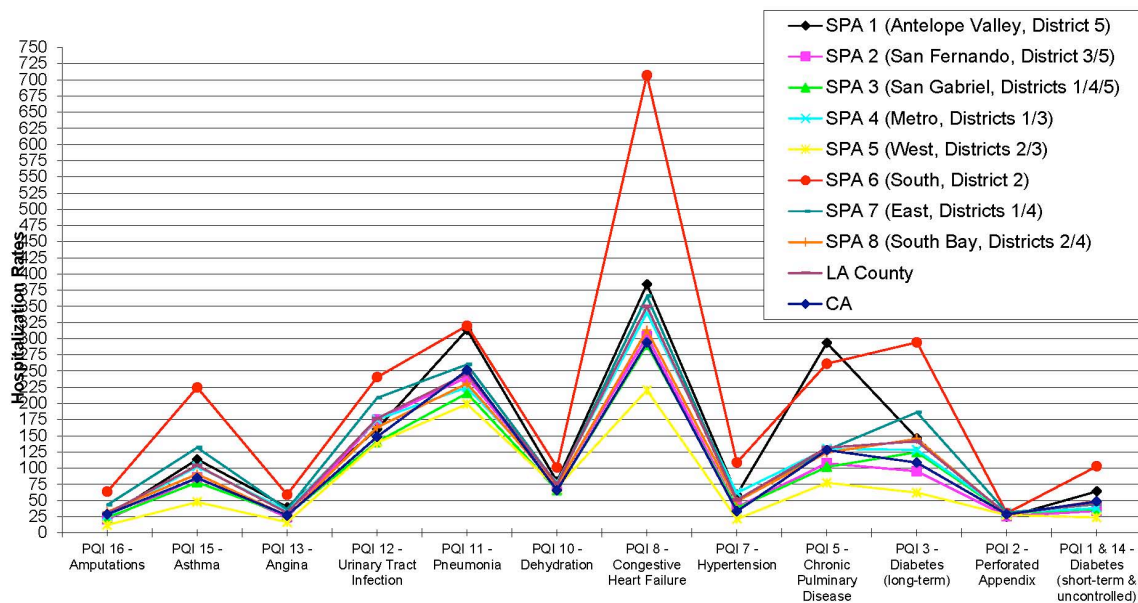
We know scarce County funds are not equitably distributed according to the allocation formula that this Board adopted and has been using, with only modest changes, since 2000. A few years ago, the board recognized this problem by funding the Community Clinic Expansion Program, but those funds only partially addressed the imbalance. Furthermore, the CCEP dollars expire at the end of next year.

Two options exist to address this problem. Either this Board, on the eve of health reform implementation, must somehow identify new county funds to address the problem, or this Board must thoughtfully consider options to distribute existing resources in a way that would not disrupt patient care or diminish the funds historically going to the community clinic partners.

Time is of the essence. The County is about to enter into new contracts with community clinics to implement the new, federally-funded Healthy Way LA (HWLA) waiver. These contracts are unprecedented in their scope, approach and potential impact and must be carefully monitored. The contracts represent the County's last chance to bridge its community partner clinic system to health reform in January 2014."

**Comparison of OSHPD Avoidable Hospitalizations Across LA County SPAs in 2008**

*Source: Office of Statewide Health Planning and Development, Patient Discharge Data, 1999-2008*



**Prevention Quality Indicators (PQI)**

A 2008 study indicated that while underserved areas can be found throughout the county, certain geographic areas of the county are more underserved than others. To counter this geographic disparity the Board approved \$44.8 million for

a Community Clinic Expansion Program (CCEP), one time funds to meet the health care needs of these underfunded areas. These CCEP funds will be expiring at the end of the next fiscal year.

“This motion will help us ease the disparity between well-to-do and poorer areas of the region, said Supervisor Ridley-Thomas.”We want to be sure that each district has adequate resources for its residents to receive optimal health care.”

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